Case 13-60214-fra7 Doc 2 Filed 01/28/13

B22A (Official Form 22A) (Chapter 7) (12/10)

In re Onikka Silent Driscoll	
Debtor(s)	According to the information required to be entered on this statement
Case Number:	(check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
IA	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF M	ON	THLY INCO	ME FOR § 707	(b)(7)	EX	CLUSION	
	Mari	ital/filing status. Check the box that applies a	nd c	complete the balanc	e of this part of thi	s stater	nent a	as directed.	
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
2	b. \square Married, not filing jointly, with declaration of separate households. By checking this box, debte "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I							living apart of	ther than for the
	(Married, not filing jointly, without the decla ("Debtor's Income") and Column B ("Spou	se's	Income") for Line	es 3-11.				
		Married, filing jointly. Complete both Colu					pous	e's Income'')	for Lines 3-11.
		gures must reflect average monthly income re					C	Column A	Column B
	the fi	dar months prior to filing the bankruptcy case ling. If the amount of monthly income varied nonth total by six, and enter the result on the a	dur	ing the six months,				Debtor's Income	Spouse's Income
3	Gros	s wages, salary, tips, bonuses, overtime, con	nmi	ssions.			\$	3,466.00	\$
4	Incor enter busin not en	the difference in the appropriate column(s) of the difference in the appropriate columns. The difference is the appropriate to the difference in the appropriate column(s) of the difference in the differen	ion Lir	or farm. Subtract ne 4. If you operate and provide details	more than one on an attachment.	Do		,	
	I			Debtor	Spouse				
	a.	Gross receipts	\$	0.00					
	b. c.	Ordinary and necessary business expenses Business income	\$	0.00 btract Line b from 1			\$	0.00	¢
	ــــــــــــــــــــــــــــــــــــــ						φ	0.00	Ψ
_	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.								
5	_		Ф	Debtor	Spouse				
	a. b.	Gross receipts Ordinary and necessary operating expenses	\$	0.00 0.00					
	c.	Rent and other real property income		btract Line b from l			\$	0.00	\$
6	Inter	est, dividends, and royalties.					\$	0.00	
7	Pensi	ion and retirement income.					\$	0.00	\$
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that			r ımn;	\$	0.00	\$		
9	Howe benef	nployment compensation. Enter the amount in ever, if you contend that unemployment complist under the Social Security Act, do not list the but instead state the amount in the space belo	ensa e an	ation received by yo	ou or your spouse v				
		mployment compensation claimed to benefit under the Social Security Act Debtor	r \$	0.00 Spo	ouse \$		\$	0.00	\$
10	on a s spous main receivedome	me from all other sources. Specify source and separate page. Do not include alimony or separe if Column B is completed, but include all tenance. Do not include any benefits received yed as a victim of a war crime, crime against hestic terrorism.	oara oth l und numa	te maintenance pa er payments of ali der the Social Secu- anity, or as a victim	yments paid by yomony or separate rity Act or payment of international or	our ts			
		Food stamps	\$	139.00					
	b. Total	and enter on Line 10	\$		\$		\$	139.00	\$
11	Subt	otal of Current Monthly Income for § 707(b)(7)). Add Lines 3 thru	10 in Column A	nd. if	•		
11		mn B is completed, add Lines 3 through 10 in				, 11	\$	3,605.00	\$

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12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		3,605.00			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	43,260.00			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: OR b. Enter debtor's household size: 4	\$	65,950.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	•				
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)							
	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	16 Enter the amount from Line 12.			\$			
17							
	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$	
18	Current monthly income for § 70°	7(b)(2). Subtract Lin	e 17 fro	m Line 16 and enter the resu	ılt.	\$	
				EDUCTIONS FROM s of the Internal Revenu			
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
	Persons under 65 year a1. Allowance per person	s or age	a2.	Persons 65 years of age Allowance per person	or older		
	b1. Number of persons c1. Subtotal		b2.	Number of persons Subtotal		\$	
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is			\$			

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.					
	a. b.	IRS Housing and Utilities Standards; mortgage/rental expense Average Monthly Payment for any debts secured by your	\$			
	b.	home, if any, as stated in Line 42	\$			
	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:			\$		
	Local	Standards: transportation; vehicle operation/public transpor	tation expense.			
22A	You a vehicle Check include	are entitled to an expense allowance in this category regardless of le and regardless of whether you use public transportation. It is the number of vehicles for which you pay the operating expense ded as a contribution to your household expenses in Line 8.	whether you pay the expenses of operating a			
	☐ 0 ☐ 1 ☐ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			\$		
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.					
	a.	IRS Transportation Standards, Ownership Costs	\$			
		Average Monthly Payment for any debts secured by Vehicle	_			
	b.	1, as stated in Line 42	\$	\$		
	c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.					
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.					
	a.	IRS Transportation Standards, Ownership Costs	\$			
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$			
	c.		Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.			\$		

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26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly pay deductions that are required for your employment, such as retirement contributions, union dues, and uniform Do not include discretionary amounts, such as voluntary 401(k) contributions.			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			
	 	\$		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do			
	include payments on past due obligations included in Line 44.	\$		
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational paymen			
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend the health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed be insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	у		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you			
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$		
		7		
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32			
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expensible categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.	es in		
34	a. Health Insurance \$			
	b. Disability Insurance \$			
	c. Health Savings Account \$	\$		
	Total and enter on Line 34.			
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$			
35	Continued contributions to the care of household or family members. Enter the total average actual mont expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chron ill, or disabled member of your household or member of your immediate family who is unable to pay for suclexpenses.	ically		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you			
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local			
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary			

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total aver expenses exceed the combined allowances for food and cloth Standards, not to exceed 5% of those combined allowances. or from the clerk of the bankruptcy court.) You must demo reasonable and necessary.	S National w.usdoj.gov/ust/				
40	Continued charitable contributions. Enter the amount tha financial instruments to a charitable organization as defined		ne form of cash or \$			
41	Total Additional Expense Deductions under § 707(b). En	ter the total of Lines 34 through 40	\$			
	Subpart C: Deduc	tions for Debt Payment				
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
	Name of Creditor Property Securing the a.	Payment \$	include taxes or insurance? □yes □no			
		Total: Add Lines	\$			
43	Other payments on secured claims. If any of debts listed in motor vehicle, or other property necessary for your support of your deduction 1/60th of any amount (the "cure amount") the payments listed in Line 42, in order to maintain possession of sums in default that must be paid in order to avoid repossess the following chart. If necessary, list additional entries on a sum of Creditor Property Securing the angle of Creditor Property Security	u may include in on to the ild include any				
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					
45	Chapter 13 administrative expenses. If you are eligible to chart, multiply the amount in line a by the amount in line b, a. Projected average monthly Chapter 13 plan paymen b. Current multiplier for your district as determined un issued by the Executive Office for United States Truinformation is available at www.usdoj.gov/ust/ or fr the bankruptcy court.) c. Average monthly administrative expense of Chapter	and enter the resulting administrative \$ der schedules stees. (This om the clerk of	e expense.			
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					
Subpart D: Total Deductions from Income						
47	Total of all deductions allowed under § 707(b)(2). Enter the	ne total of Lines 33, 41, and 46.	\$			
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					
50	Monthly disposable income under § 707(b)(2). Subtract Li	ne 49 from Line 48 and enter the res	ult. \$			
51	60-month disposable income under § 707(b)(2). Multiply tresult.	60 and enter the \$				

	Initial presumption determination. Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for 'statement, and complete the verification in Part VIII. You may also complete Part VIII.					
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Co	omplete the remainder of Part VI (I	Lines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed	as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box of this statement, and complete the verification in Part VIII.	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. of page 1 of this statement, and complete the verification in Part VIII. You may		ion arises" at the top			
	Part VII. ADDITIONAL EXPENSE	CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All f each item. Total the expenses.	n your current monthly income und	ler §			
	Expense Description	Monthly Amou	nt			
	a.	\$				
	b.	\$				
	c.	\$				
	d.	\$				
	Total: Add Lines a, b, c, and d	\$				
	Part VIII. VERIFICATION	N				
	I declare under penalty of perjury that the information provided in this statement <i>must sign.</i>)	is true and correct. (If this is a join	nt case, both debtors			
57		re: /s/ Onikka Silent Driscoll				
		Onikka Silent Driscoll				
		(Debtor)				

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.